

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000006559

1. Entity Name  
SEA-MESTER, INC.



Principal Place of Business  
1819 GLENGARY STREET  
SARASOTA, FL 34231

Mailing Address  
P O BOX 4009  
SARASOTA, FL 34230



01252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1316207

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STOLL, JAMES M  
1819 GLENGARY STREET  
SARASOTA, FL 34231

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME STOLL, JAMES M  
STREET ADDRESS 1819 GLENGARY STREET  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE T  
NAME NOBLE, BECKY S  
STREET ADDRESS 1819 GLENGARY STREET  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE S  
NAME STOLL, CAREEN  
STREET ADDRESS 1819 GLENGARY STREET  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D  
NAME STOLL, JASON  
STREET ADDRESS 1819 GLENGARY STREET  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VD  
NAME MEIGHAN, MICHAEL  
STREET ADDRESS 1819 GLENGARY STREET  
CITY-ST-ZIP SARASOTA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James M Stoll* 26 Jan 2005 941-924-6789